Public Awareness of Alcohol-related Harms Survey

Executive Summary

Prepared for Health Canada

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Prepared for Health Canada by Nanos Research

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Background and objectives

Alcohol is a popular legal psychoactive substance that holds special social and cultural significance in Canada as in many parts of the world. Many Canadians associate drinking with pleasurable social events, such as music festivals, parties, watching sports, and/or to de-stress or to cope. Our society condones, supports, and in some cases promotes drinking such as through "drink of the day" specials and sale prices on certain brands. Alcohol also plays a significant role in the Canadian economy, generating jobs, and tax revenues for governments.

While alcohol is socially accepted and its use widely tolerated and promoted, particularly in comparison with other substances, it has one of the most significant impacts on the health and wellbeing of Canadians compared to other substances. In 2020, there were over 17,000 alcohol-related deaths and 652,000 emergency visits in Canada, including deaths from alcohol poisoning and impaired driving[1]. Alcohol is the most costly substance, with $19.67 billion in costs to Canadian society in terms of direct health care costs, direct law enforcement costs, and indirect costs related to lost productivity[1]. Although more deaths can be attributed to tobacco use, alcohol use has the highest cost because it can be attributed to injuries and deaths of people at a younger age and was therefore responsible for more lost years of productive life. In 2020, alcohol use accounted for the greatest costs to the criminal justice system at nearly $4.0 billion or 39.8% of all criminal justice costs[2]. Evidence shows that alcohol use is a serious public health issue that is having significant impacts on Canadians.

- Alcohol is related to over 200 diseases and conditions, including alcoholic liver disease, fetal alcohol spectrum disorder (FASD), cardiovascular disease and cancer[3].
- Alcohol consumption increases one's risk of seven types of cancer including cancer of the mouth, larynx, pharynx, esophagus, liver, colon, and breast[4].
- Cancer is the leading cause of alcohol-attributable mortality in both men and women[5].
- Youth, women and Indigenous people are disproportionately impacted by over-consumption. Approximately 25% of youth in grades 7 to 12 used alcohol excessively in 2019[6] and the alcohol-attributed death rate for women increased by 26% from 2001 to 2017, compared with a roughly 5% increase over the same period for men[7].

The costs and harms of alcohol use are well documented, and 75% of Canadians understand generally that alcohol use can increase the risk of developing serious health conditions[8]. However, there is little national data

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[1] Canadian Substance Use Costs and Harms Dashboard. Available at: https://csuch.ca/explore-the-data/. Accessed 2023-08-29.

[2] Canadian Substance Use Costs and Harms Scientific Working Group. (2023). Canadian substance use costs and harms 2007–2020. (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction.) Ottawa, Ont.: Canadian Centre on Substance Use and Addiction

[3] Rehm, J., Mathers, C., Popova, S., Thavorncharoensap, M., Teerawattananon, Y., & Patra, J. (2009). Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. The Lancet, *373*(9682), 2223-2233.

[4] International Agency for Research on Cancer Monograph. (2014). IARC Monographs on the Evaluation of Carcinogenic Risks to Humans. Available from https://monographs.iarc.fr/wp-content/uploads/2018/08/14-002.pdf.

[5] Sherk, A., Stockwell, T., Rehm, J., Dorocicz, J., Shield, K. D., & Churchill, S. (2020). The international model of alcohol harms and policies: A new method for estimating alcohol health harms with application to alcohol-attributable mortality in Canada. *Journal of studies on alcohol and drugs*, *81*(3), 339-351.

[6] Health Canada. (2019). Summary of results for the Canadian Student Tobacco, Alcohol and Drugs Survey 2018-19. Available from https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2018-2019-summary.html

[7] Canadian Institute for Health Information. (2018). Alcohol harm on the rise for Canadian women. Available from https://www. cihi.ca/en/alcohol-harm-on-the-rise-for-canadian-women.

[8] Earnscliffe Strategy Group. (2019). Follow-up survey and qualitative research on opioid awareness, knowledge and behaviours for public education. Final Report prepared for Health Canada.

available on Canadians' awareness of *specific* alcohol-related harms. For example, a 2017-2018 survey in the Yukon and Northwest Territories demonstrated a general low-level knowledge of alcohol-related health risks, with only 23% being aware that alcohol increased breast cancer risk[9]. According to a 2019 public opinion research report, only 32% of respondents were familiar with Canada's Low-Risk Alcohol Drinking Guidelines, and only approximately half of those surveyed knew what comprised a standard serving of beer[10]. In light of the above, this initiative will provide a comprehensive, up-to-date national scan on Canadians' awareness of specific alcohol-related harms.

Purpose and objectives

The overall objective of the research is to benchmark the views and knowledge of Canadians related to alcohol and the associated risks when consuming it.

The specific research objectives were as follows:

- Benchmark awareness of various alcohol-caused diseases, including cancer, heart disease, and liver disease among others;
- Benchmark awareness of the causal connection between low levels of alcohol use and disease;
- Gauge patterns of alcohol use, including what quantity of alcohol in what frequency and their average levels of consumption;
- Benchmark awareness by level of alcohol consumption;
- Benchmark awareness of Canada's Low-Risk Drinking Guidelines and what a standard drink size is;
- Measure views of Canadians towards various alcohol policies or initiatives to increase awareness including labelling;
- Gauge perceptions of risk associated with alcohol consumption;
- Segment those who had consumed alcohol in the past 12 months and those who had not consumed alcohol in the past 12 months by health literacy scores utilizing the New Vital Sign (NVS) assessment tool; and,
- Benchmark intentions to change drinking patterns based on their knowledge of health risks.

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[9] Vallance, K., Stockwell, T., Zhao, J., Shokar, S., Schoueri-Mychasiw, N., Hammond, D., ... & Hobin, E. (2020). Baseline assessment of alcohol-related knowledge of and support for alcohol warning labels among alcohol consumers in northern Canada and associations with key sociodemographic characteristics. *Journal of Studies on Alcohol and Drugs*, *81*(2), 238-248.

[10] Earnscliffe Strategy Group. (2019). Follow-up survey and qualitative research on opioid awareness, knowledge and behaviours for public education. Final Report prepared for Health Canada.

Methodology

The survey is comprised of 9,812 Canadians, 16 years of age and older. The survey was conducted across Canada in each province and territory between February 13th and June 30th, 2023.

The survey sample was drawn from two sources:

1) The Nanos Probability Panel, which contains about 50,000 Canadians who were randomly recruited to join the panel by land- and cell-lines with live agents.

2) Random recruitment by land-and cell-lines and administered the survey online.

The resulting sample contains Canadians who were all randomly recruited by telephone, thus it is a probability sample and allows a margin of error to be associated with the research. The randomly recruited probability sample has a margin of error of +/-1.0% at a 95% confidence interval. Results are weighted to population proportions for region, age, and sex from the 2021 Census. Chi-square tests were used to compare subgroups to the remaining sample (ex. Ontario versus the rest of Canada; 16 to 19 years old versus the rest of Canada; women versus men).

All respondents self-administered the survey online.

Key findings

Awareness of Education Campaigns about Alcohol Use (EDU)

Respondents most often reported having seen or heard education campaigns, public health or safety messages about alcohol on TV/Radio in the past 12 months (59%), followed by social media (25%), print newspapers or magazines (25%), public display of posters or billboards (20%), in health care settings (17%), inside/outside stores that sell alcohol (16%), and through non-social media websites (11%). Nineteen per cent (19%) said they have not noticed any education campaigns or public health messages.

Awareness of National Drinking Guidelines (NDG)

A majority reported that they have heard of or were aware of "Canada's Low-Risk Alcohol Drinking Guidelines" or "Canada's Guidance on Alcohol and Health" (59%), while three in ten (35%) reported they had not heard of them and seven per cent reported they didn't know.

Respondents who reported being aware of the guidelines most often said they first heard about these guidelines on TV/radio (61%), followed by print news or magazines (12%), social media (8%), non-social media websites (7%) and word of mouth (3%).

Knowledge of Standard Drink Measurements (SDM)

Over four in ten respondents (41%) selected wine as the alcohol they typically drink, while over one in four selected beer (27%), over one in five selected spirits (21%), and seven per cent selected ciders/coolers.

Three in five (60%) respondents reported they have heard of the term "standard drink".

When shown an image of a bottle of the alcohol they said they typically drink, beer drinkers on average correctly responded that the bottle contains one standard drink (mean of 1.2), while those who drink ciders/coolers on average said the cooler shown contains one and a half drinks (mean of 1.5 - correct response is 1 drink).Wine

drinkers on average incorrectly said the bottle of wine they were shown contains six drinks (mean of 6.3 – correct response was 5 drinks), and those who said they typically drink spirits on average incorrectly said the bottle of spirits they were shown contains 22 drinks (correct response was 17 drinks).

Self-reported Alcohol Drinking Behaviours (ADB)

In a typical week, respondents were more likely to report they drink more on the weekend rather than on weekdays. On average, they reported drinking the most on Saturday (mean of 1.6 drinks), followed by Friday (mean of 1.3 drinks), and Sunday (0.7 drinks). They reported drinking less than one drink on average on Monday (0.4 drinks), Tuesday (0.4 drinks), Wednesday (0.5 drinks) and Thursday (0.5 drinks) during a typical week.

Awareness of Alcohol-related Health Risks (AHR)

Overall, more than eight in ten respondents think that drinking any number of standard drinks (at least 1 to 2 standard drinks of alcohol) per week increases the risk of harm to a fetus when pregnant (84%). A greater proportion of respondents think that risk of harm to a fetus when pregnant increases with 3 to 6 standard drinks of alcohol consumed per week (92%) or 7 or more standard drinks per week (95%).

About three in ten respondents thought drinking 1-2 standard drinks per week increased the risk of a number of cancers (colon, throat, breast and mouth). This increased to about four in ten for 3-6 drinks per week and to around one in two for 7 or more drinks per week.

Respondents were least likely to think alcohol increases risk of Arthritis for any number of standard drinks per week (1-2: 17%; 3-6: 31%; 7 or more: 43%) and were most likely to think alcohol decreases the risk of heart diseases compared to other health conditions (1-2 drinks: 6%; 3-6 drinks: 3%; 7 or more drinks: 1%).

Of note, health conditions which had a lower proportion of "increases risk" responses also had a higher proportion of respondents who were unsure. Over one in five were unsure on the impact of alcohol on colon cancer, high cholesterol, throat cancer, breast cancer, mouth cancer and arthritis for any number of drinks per week.

Self-reported Use of Label Information (LAB)

Risk Label

Close to six in ten respondents (55%) said warning labels stating the serious health risks of alcohol (including that it causes cancer) would make them think about the harms caused by alcohol either to a small (31%) or moderate extent (24%), while around one in five (19%) said to a large (13%) or an extremely large extent (6%), and around one in four say they would not think about it at all (23%). After being shown the label, an increasing proportion of respondents said they would think about the risks to a large extent (17%) or to an extremely large extent (10%) and 21 per cent continued to say it would not make them think about it at all.

One in two respondents (50%) said a label stating the health risks of alcohol would make them think about cutting back on their drinking or talking to others about cutting back on their drinking to a small (29%) or moderate extent (21%), while one in five said to a large (12%) or extremely large extent (6%), and 28 per cent say it would not make them think about cutting back on drinking at all. Once shown the label, a little under one in four (24%) said it would make them think about cutting back or speaking to others about cutting back to a large extent (15%) or to an extremely large extent (9%), which is a marginal increase. Twenty-five per cent continued to say the label would not make them think about it at all.

Standard Drink Label

When shown the label with the number of standard drinks displayed for a bottle of alcohol, close to six in ten respondents (57%) said they would use this information to help them track the number of drinks they consumed, while around one in three (30%) said they would not use this information and thirteen per cent were unsure.

Drink Limit Label

About one in two respondents (51%) said the warning label with drink limits would make them think about cutting back on their drinking or talking to others about cutting their drinking to a small extent (26%) or to a moderate extent (25%), while under one in four said the warning label would make them think about it to a large extent (16%) or to an extremely large extent (8%) and 22 per cent said they would not think about it at all.

Support for Alcohol Labelling (SAL)

Respondents most often strongly agreed (26%) or agreed (36%) that cans and bottles of alcoholic beverages should be labelled with the number of standard drinks per container to help consumers track how much they are drinking, followed by agreement that cans and bottles should be labelled with guidance to reduce health risks from alcohol to inform consumers of the level of risk associated with how much they are drinking (24% strongly agree; 36% agree). Just over one in two strongly agreed (23%) or agreed (31%) that cans and bottles should be labelled with health warning information describing the known link between alcohol and diseases to increase public awareness of the health harm caused by alcohol.

Respondents were three times more likely to strongly disagree (28%) or disagree (30%) that alcohol should continue to be exempt from health information labelling that is currently required of tobacco and cannabis packaging than to agree (13%) or strongly agree (9%).

Contract value

The contract value was $296,738.57 (HST included).

Supplier name: Nanos Research
PWGSC contract number: CW2242531
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For more information, contact Department at [HC.cpab.por-rop.dgcap.SC@canada.ca.](mailto:HC.cpab.por-rop.dgcap.SC@canada.ca)

Political neutrality statement and contact information

This certification is to be submitted with the final report submitted to the Project Authority.

I hereby certify, as a Representative of Nanos Research, that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Government of Canada's Policy on Communications and Federal Identity and Directive on the Management of Communications. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, party standings with the electorate, or ratings of the performance of a political party or its leaders.

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